

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO. 10/553447  
FILING DATE  
APPLICANT/ORG.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3		Z						53					
4		Z						54					
5		Z						55					
6		Z						56					
7		Z						57					
8		Z						58					
9		Z						59					
10		Z						60					
11		Z						61					
12		Z						62					
13		Z						63					
14		Z						64					
15		Z						65					
16		Z						66					
17		Z						67					
18		Z						68					
19		Z						69					
20		Z						70					
21		Z						71					
22		Z						72					
23		Z						73					
24		Z						74					
25		Z						75					
26		Z						76					
27		Z						77					
28		Z						78					
29		Z						79					
30		Z						80					
31		Z						81					
32		Z						82					
33		Z						83					
34		Z						84					
35		Z						85					
36		Z						86					
37		Z						87					
38		Z						88					
39		Z						89					
40		Z						90					
41		Z						91					
42		Z						92					
43		Z						93					
44		Z						94					
45		Z						95					
46		Z						96					
47		Z						97					
48		Z						98					
49		Z						99					
50		Z						100					
TOTAL REC.	1							TOTAL REC.					
TOTAL REC.	19							TOTAL REC.					
TOTAL CLAMS	20							TOTAL CLAMS					

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